

EXHIBIT 5

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF MISSISSIPPI
NORTHERN DIVISION**

In Re Jackson Water Cases,

v.

The City of Jackson, Mississippi, et al.,

No. 3:23-cv-00614-CWR-LGI
(Main Docket)

Hon. Carlton W. Reeves

Magistrate Judge LaKeysha Greer Isaac

PLAINTIFF'S FACT SHEET

I. INSTRUCTIONS AND DEFINITIONS

Please fill out a separate Plaintiff's Fact Sheet ("PFS") for each person on whose behalf a claim is being made. Each question must be answered in full. The purpose of this PFS is to obtain accurate information about basic facts that are relevant to claims asserted in *In re: Jackson Water Cases*: Case No. 3:23-CV-614-CWR-LGI ("JWC Litigation") concerning allegations of exposure to lead in the City of Jackson's public water supply. In completing this PFS, you must provide information that is true and correct to the best of your knowledge. If you cannot provide all the details requested, please provide as much information as you can. Where appropriate, please indicate "none," "do not know," or "not applicable." In addition, you must supplement your responses if you learn later that they are incomplete or incorrect in any material respect.

To the extent you have information that does not fit within the space provided for any of the sections or tables in the PFS, you may provide that information on a General Addendum to the PFS. Each additional response or piece of information provided in a General Addendum must identify the Section number of the PFS to which the additional information pertains.

Please note that information deemed to be confidential by a protective order agreed upon between Plaintiff and Defense counsel and entered in the JWC Litigation (including social security numbers) will be treated confidentially by the parties pursuant to the terms of the protective order.

In completing the PFS, please use the following definitions:

"Plaintiff," "Plaintiffs," "you," and "your," means the adult and/or child referenced in the PFS.

"Birth Mother" refers to the mother of any Plaintiff Child alleged to have suffered an injury as the result of consumption of contaminated water.

“Plaintiff Child” refers to the child allegedly exposed to contaminated water in utero or post-birth that allegedly developed an injury as a result of exposure to or consumption of contaminated water.

“Document” means any writing or record of every type that is in your possession, custody or control or in the possession, custody, or control of your counsel, including but not limited to written documents, documents in electronic format, cassettes, e-mails, videotapes, photographs, charts, computer discs, thumb drives, external hard drives, x-rays, drawings, graphs, phone records, and other data compilations from which information can be obtained and translated, if necessary, by the respondent through electronic devices into any reasonable usable form.

“Health care provider” or **“health care practitioner”** means any doctor, physician’s assistant, nurse practitioner, osteopath, or other individual health care professional regardless of title; hospital, clinic, urgent care, ready care, community health or medical center, physician’s office, infirmary, medical or diagnostic laboratory, or other facility that provides medical care or advice; and any pharmacy, x-ray department, radiology department, laboratory, physical therapist, occupational therapist, dentist, audiologist, ophthalmologist, psychiatrist, psychologist, or any other persons or entities involved in the care or treatment of you, or of the person for whom you are completing the Fact Sheet.

“Mental health care provider” means any psychiatrist, psychologist, therapist, or provider of mental health care evaluation, diagnosis, and/or treatment.

“Plumbing” means any service lines, piping, or other fixtures or appliances through which water from the City of Jackson is or was conveyed from the municipal water main to the water faucets, showers, toilets, etc. within a residence or other building.

You are requested to produce documents, as defined above, in response to certain questions in this fact sheet that pertain to the incident, injuries, claims, or damages that are the subject of your complaint.

I. BACKGROUND INFORMATION

A. CASE INFORMATION [to be completed by your attorney]

1. PLAINTIFF’S FULL NAME: _____
2. CASE NUMBER: _____
3. LAW FIRM: _____

B. REPRESENTATION OF ANOTHER PERSON

If you are completing this PFS as a representative of someone else (i.e., on behalf of a minor or an estate), or for yourself, please complete the following:

1. The name of the individual or estate: _____

- B. Describe whether you are the Plaintiff or the capacity in which you are representing the individual or estate (e.g., parent, guardian, next friend, or administrator):

- C. if you are completing this PFS as a representative, please provide the following information regarding the person for whom you are filling out the PFS:

a. Full Name: _____
(Last Name) (First Name) (Middle Initial)

b. Previous Names: _____
(Last Name) (First Name) (Middle Initial)

c. Date of Birth: _____
(Month/Day/Year)

d. Place of Birth: _____

e. Birth Mother Name: _____

f. Present Residential Address: _____
(Street Address (including any apartment or unit number)

City/Town State Zip Code

g. Dates at this Address: _____
(From) – (To)

II. INFORMATION REGARDING RESIDENTIAL ADDRESSES

- A. Does your child (or do you if you are the Plaintiff) live in or regularly (meaning at least six hours a week) visit a home, daycare, or school other than their current residential address?

III. CHILD PERSONAL INJURY CLAIMS

A. LEAD EXPOSURE

1. Please identify which of the following injuries you claim you suffered:

	Yes/No	Treatment Prescribed if any
Hair Loss		
Skin Rashes		
Digestive and/or Other Organ Problems		
Physical Pain and Suffering		
Mental Anguish		
Fright and Shock		
Disability		
Denial of Social Pleasures and Enjoyments, Embarrassments, Humiliation and Mortification		
Brain and/or Developmental Injuries/Cognitive Deficits		
Aggravation of Pre- Existing Injuries (Identify the pre- existing injury you		

claim has been aggravated)		
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2. If you claim any injury not identified above, please set forth below any additional injuries you claim you suffered because of exposure to lead in water distributed by the City of Jackson:

3. If applicable., state to the best of your knowledge each date on which you have undergone testing for lead levels, identify who took the sample to be tested, type of testing (e.g., blood lead, bone mineral study, hair analysis, urinalysis, tooth analysis), and provide the reported results of the testing.

	Test 1	Test 2	Test 3	Test 4
Date of Test for Lead?				
Who took the sample to be tested? (Lab/Facility/Healthcare Provider)				
Type of Testing (e.g., blood lead, bone mineral study, hair analysis, urinalysis, tooth analysis)				
Results of Test				

Please attach copies of any lead test results in your possession or control and any other documents (e.g., medical records) identifying lead test results in your possession or control.

B. HEALTHCARE PROVIDERS

1. Have you been told at any time by any health care provider that you have been injured as a result of lead or other contaminants in water distributed by the City of Jackson?

YES _____ NO _____

2. If "YES," please identify the health care provider(s), state what you were told to the best of your ability and provide the date(s) you were told this. (Attach additional sheets as necessary, and please attach copies of any

written statements or medical records on this issue by the health care provider).

- Name and Address of health care provider:

- Dates you were told:

For each healthcare provider identified above, please complete the medical records authorization and mental health authorization attached hereto as Exhibit A and Exhibit B.

3. Has the Plaintiff Child undergone any cognitive or behavioral testing or assessments? If yes, please identify any such testing or assessment, provide the following information for any healthcare providers who have conducted cognitive or behavioral testing or assessments on the Plaintiff Child with regards to the Plaintiff Child's treatment or evaluation for cognitive or behavioral conditions.

Healthcare Professional Name	Contact Information

For each healthcare provider identified above, please complete the medical records authorization and mental health authorization attached hereto.

C. BIRTH MOTHER

Complete this section for any Plaintiff child alleged to have suffered an injury as a result of consumption of water from the City of Jackson's public water system.

1. Please provide the following information regarding Birth Mother:

- a. Full name: _____

2. Has Birth Mother ever filed another personal injury lawsuit on behalf of the Plaintiff Child?

YES _____ NO _____

If you answered "YES" to question 2 above, please fill out the table below:

Case Name and Number	Jurisdiction	Date of Filing	Nature of Claim	Injury Claimed	Status	Plaintiffs' Counsel

IV. EDUCATION FOR CHILD

- A. Is Plaintiff Child currently enrolled in school?

YES: _____ NO: _____

- B. What is the highest level of education that Plaintiff Child completed:

1. Please list any schools Plaintiff Child has attended (elementary, middle, junior high or high schools, junior colleges, vocational schools, universities, institutes, or seminaries):

- Name of school:

- Address:

- Years of Attendance:

- Degree or Certificate (if any) Received:

- Name of school:

- Address:

- Years of Attendance:

- Degree or Certificate (if any) Received:

Please attach copies of any degrees or certificates.

Please attach signed and dated authorizations for release of education and academic records using the attached form.

AFFIRMATION

I understand that the information I have provided in this Plaintiff's Fact Sheet will be used in relation to the lawsuit that has been filed on my behalf, or on behalf of the person for whom I have completed this Fact Sheet.

I declare under penalty of perjury under the laws of the State of Mississippi and the United States of America that the foregoing information is true and correct to the best of my knowledge and belief.

Date: _____

Name of Plaintiff: _____

Signature of Plaintiff: _____

Or

Date: _____

Name of Representative: _____

Signature of Representative: _____